

DIRECTIONS FOR COMPLETION AND SUBMISSION OF REPORTS AND CLAIMS FOR REIMBURSEMENT FOR SPEED ENFORCEMENT PROGRAM PROJECTS (SEP)

After each month of enforcement, a report on the activities must be submitted along with a claim for reimbursement. The report and claim are due on the tenth day of the following month.

ACTIVITY REPORT:

The report of activities during the campaign period should include the following:

1. **Attachment A -- "Summary of Activity."**
 - ◆ This form must be completed for each SEP period. All activity is to be compiled and submitted on one form for the month.
2. **News Releases and Newspaper Articles**
 - ◆ Copies of news releases and newspaper articles which appeared regarding the project must also be attached.
3. **Attachment B -- Speed Survey Forms**

Submitted with the 1st, mid-project year and final reports.
4. **Attachment C-- "Speed-Related Crash Data"**
 - ◆ This form is to be completed for pre- and the project period and is due **November 1**.

CLAIMS FOR REIMBURSEMENT:

The following expenditure documentation must accompany the completed Highway Safety Project Claim for Reimbursement form (**Attachment D**):

1. **Attachment E -- "Claim for Reimbursement Cover Sheet."**
 - ◆ Complete a separate "cover sheet" for each line item (i.e. personal services, operation of automotive equipment). However, check numbers need not be duplicated if they have been listed on the "personal services" cover sheet, or are included on a payroll printout.
 - ◆ Attach proof of payment of officers -- payroll printout or indicate check number by officer on "cover sheet."
2. **Attachment F -- "Overtime Hire-Back Cost Documentation."**
 - ◆ Complete Attachment D for each officer who participated in the project (*fill in all blanks*).
 - ◆ List date and beginning/ending odometer readings.
 - ◆ Ensure all signatures are affixed (*employee, supervisor and chief/sheriff*).

Attachment A

**SPEED ENFORCEMENT PROGRAM (SEP)
SUMMARY OF ACTIVITY**

Grantee:	
Project Number:	
Enforcement Period:	
Overtime Patrol Hours:	

SEP Overtime Patrol

Citations/Arrests:	Total
Speeding	
Other moving violations	
DUI	
Other alcohol related	
Safety belt	
Child restraint	
Drugs	
Weapons	
Stolen vehicle	
Wanted on outstanding warrant	
Suspended license	
Sworn Report - Suspension of drivers license; under 21 (zero tolerance)	
Total	
Number of vehicles stopped:	

**This form is to be completed for each SEP period
and submitted to IDOT LEL**

MEDIA

1.	Number of published newspaper articles:	
2.	Number of aired radio spots:	
3.	Number of aired TV spots:	
4.	Number of displays, message boards and presentations:	
5.	Number of other media contacts (include not printed or aired messages) :	

ADDITIONAL COMMENTS AND OBSERVATIONS

Date: _____

Attachment B

**SPEED ENFORCEMENT PROGRAM
SPEED SURVEY**

Survey Date: _____ Start Time: _____ End Time: _____ City/County: _____
 Before Project Survey ☐ During (Mid Year) Survey ☐ Final (After) Survey ☐ Posted Speed Limit _____ MPH
 Survey Location: _____
 Officer Name and ID: _____
 Total number of vehicles observed: _____

Indicate speed in the appropriate block. *Use one line per vehicle.* The survey applies to all vehicles. Survey must be conducted for one (1) hour at each selected patrol location, utilizing an unmarked car with plainclothes officer, one direction of traffic and stationary radar/lidar unit or a speed trailer.

Vehicle Observed Speed		Vehicle Observed Speed		Vehicle Observed Speed		Vehicle Observed Speed	
Vehicle Number	Speed	Vehicle Number	Speed	Vehicle Number	Speed	Vehicle Number	Speed
1		25		49		73	
2		26		50		74	
3		27		51		75	
4		28		52		76	
5		29		53		77	
6		30		54		78	
7		31		55		79	
8		32		56		80	
9		33		57		81	
10		34		58		82	
11		35		59		83	
12		36		60		84	
13		37		61		85	
14		38		62		86	
15		39		63		87	
16		40		64		88	
17		41		65		89	
18		42		66		90	
19		43		67		91	
20		44		68		92	
21		45		69		93	
22		46		70		94	
23		47		71		95	
24		48		72		96	

Speed Enforcement Program Campaign
SPEED SURVEY (Continued)

Survey Date: _____

Vehicle Observed Speed		Vehicle Observed Speed		Vehicle Observed Speed		Vehicle Observed Speed	
Vehicle Number	Speed	Vehicle Number	Speed	Vehicle Number	Speed	Vehicle Number	Speed
97		130		163		196	
98		131		164		197	
99		132		165		198	
100		133		166		199	
101		134		167		200	
102		135		168		201	
103		136		169		202	
104		137		170		203	
105		138		171		204	
106		139		172		205	
107		140		173		206	
108		141		174		207	
109		142		175		208	
110		143		176		209	
111		144		177		210	
112		145		178		211	
113		146		179		212	
114		147		180		213	
115		148		181		214	
116		149		182		215	
117		150		183		216	
118		151		184		217	
119		152		185		218	
120		153		186		219	
121		154		187		220	
122		155		188		221	
123		156		189		222	
124		157		190		223	
125		158		191		224	
126		159		192		225	
127		160		193		226	
128		161		194		227	
129		162		195		228	

Speed Enforcement Program Campaign SPEED SURVEY (Continued)

Survey Date: _____

[illegible]

Page _____ of _____ Pages

Make additional copies of this form as needed.

<p style="text-align: center;">INSTRUCTIONS FOR SPEED ENFORCEMENT PROGRAM SPEED SURVEY</p>
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Complete one speed survey for each of the patrol locations chosen before, during and after the project. All three surveys should be completed at the same time of day and day of the week for each location to ensure uniformity. The survey should be accomplished utilizing an unmarked car with plainclothes officer, one direction of traffic only and stationary radar/lidar unit or a speed trailer. The first (Before) Survey should be performed one week before the first enforcement campaign begins, the Mid Project Year Survey (during) should be done at the approximate mid point of the grant period and the Final Survey (after) should be performed one week after the last enforcement campaign ends.

Fill out the form completely per the following instructions.

1. Survey Date: The date the survey was completed.
2. Start Time: The start time for the survey.
3. End Time: The completion time for the survey.
4. City/County: The City or County where the survey was performed.
5. Check if the survey is performed **before** the first enforcement campaign, **during** the mid project year or the final (**after**) the enforcement campaign.
6. Posted Speed Limit: Enter the speed limit at the enforcement location.
7. Survey Location: Enter a clear definition of the survey/enforcement location. An example could be the southbound lanes of the 2300 block of South Dirksen Parkway, Springfield, Illinois.
8. Officer Name and ID: Name of Officer and Badge Number or other identifying information as available.
9. Total number of vehicles checked.
10. Fill in speed measured for each vehicle checked. Try to check the speed of every vehicle that passes through the enforcement location during the one hour survey period.
11. Draw a line plot of the data collected with Speed on the vertical axis and number of vehicles on the horizontal axis. One graph should be used to show all three surveys at the same location. A sample graph is attached for illustrative purposes.

Attachment C

**SPEED ENFORCEMENT PROGRAM (SEP)
SPEED-RELATED CRASH DATA**

Grantee: _____

Project Number: _____

Patrol Location: _____

SPEED-RELATED CRASH DATA

Pre 10/1/05 – 9/30/06 ☐

Post 10/1/06 – 9/30/07 ☐

Total Crashes	
Fatal:	
Personal Injury:	

Completed by: _____ Date: _____

This form must accompany your final report.

(Revised 3-06)


**Illinois Department
of Transportation**

Division of Traffic Safety
3215 Executive Park Drive / P.O. Box 19245
Springfield, Illinois 62794-9245

**Highway Safety Project
Claim for Reimbursement**

(Date)

(1) Warrant Issued To: _____

(2) Claim Number: _____

(3) Prepared By _____

(3a) Telephone No. & Email Address: _____

(4) Project Number: _____

(5) Period Covered: _____

(6) Location of Records: _____

(7) Project Costs by Budget Category:

	A Approved Budget	B Expended this Period	C Expended to Date
	Federal	Federal	Federal
Personal Services			
Fringe Benefits			
Social Security			
Travel			
Contractual Services			
Printing			
Commodities			
Equipment			
Oper/Auto/Equipment			
Total			

(8) Amount of Claim

(9) Certification:

I certify that costs claimed have been incurred for the purposes specified in the Agreement.

(Project Director)

(Date)

(Authorizing Representative)

(Date)

Authorization for payment by Div of Traffic Safety:

(DTS)

(Date)

Rev. 12/05

Claim Instructions

1. **Warrant Issued To:** The applicant agency and address as it appears on the agreement.
2. **Claim Number:** Number of this claim, i.e., Claim No. 1-Progress, then Claim No. 2-Progress and so on until Claim No. ____ Final.
3. **Prepared by:** Name, telephone number and email address of individual who prepared the claim.
4. **Project Number:** Use the same number as on Page 1 of the agreement.
5. **Period Covered:** Dates covered by this claim.
6. **Location of Records:** Indicate the agency and address where fiscal records are kept for three years after the final claim has been reimbursed.
7. **Project Costs by Budget Category:**
 - A - Approved Budget: Enter the approved federal amount on Page 1 of the agreement. Reflect any approved revision to the budget that occurred among line items.
 - B - Expended this Period: Summarize the federal expenditures incurred during this claim period.
 - C – Expended to Date: Calculate federal expenditures to date; this claim plus previous claims.
8. **Amount of Claim:** Enter the total amount to be reimbursed for the claim.
9. **The Project Director and Authorizing Representative**, as appears in Items 7A and 7B of the Agreement **must sign the claim form.**
10. **Send the original claim form** (with appropriate signatures) and a **copy of supporting documentation** (see Agreement condition 8E – Method of Payment) to your assigned grant liaison manager.
11. The **final claim for reimbursement must be received** by the Division of Traffic Safety **by November 1.**
12. Allow 6-8 weeks for processing and payment of claims. All evaluation and reporting requirements must be completed before the final claim for reimbursement will be processed for payment.

Attachment E

SEP CLAIM FOR REIMBURSEMENT COVER SHEET

Project Number:

Reimbursement Claim Number:

Budget Category (line item):

Claim Period:

Date Issued	Payee	Federal Amount	Check Number
	TOTAL		

Complete a separate Cover Sheet for each line item category claimed.

(Revised 3/06)

Attachment F

**SPEED ENFORCEMENT PROGRAM (SEP)
OVERTIME HIRE-BACK COST DOCUMENTATION**

PERSONAL SERVICES

Name: _____

Dates Worked: _____ Base Hourly Wage: _____

Total Project Hours: _____ Overtime Hourly Rate: _____

TOTAL: _____

Employee's Signature: _____

CERTIFICATION

I certify that the above listed officer has been certified by ILETSB and has worked his/her scheduled hours (*documented hours*) and is eligible for overtime compensation.

Supervisor's Signature: _____

OPERATION OF AUTOMOTIVE EQUIPMENT

Odometer Readings:

Date: _____ Beginning: _____ Ending: _____ Total: _____

Date: _____ Beginning: _____ Ending: _____ Total: _____

Date: _____ Beginning: _____ Ending: _____ Total: _____

Date: _____ Beginning: _____ Ending: _____ Total: _____

Date: _____ Beginning: _____ Ending: _____ Total: _____

Total Mileage _____ X \$.0405 = \$ _____

Authorized by: _____

Chief of Police/Sheriff

This form is to be completed for each individual officer.